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==04.98 b. It is the responsibility of the provider to effect appropriate discharge planning for exceptional care residents when terminating services for exceptional care. ~~The Department~~ DPA agrees to assist providers with any information available regarding appropriate placement settings.

==04.98 c. ~~The Department~~ DPA may terminate a provider's agreement, for any reason, upon 60 days written notice to the provider. Reasons for which ~~the Department~~ DPA may terminate an agreement include, but are not limited to, ~~Department of Public Health~~ DPH findings that the provider has deficiencies related to substandard quality of care or imposition of a conditional license.

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12/95 F. Exceptional Care Program in SNF/Ped Facilities

==04/98 1. ~~The Department of Mental Health and Developmental Disabilities (DMHDD)~~ DHS/ODD will make payments to Long Term Care for Under Age 22 Facilities, commonly referred to as SNF/Peds, which meet licensure and certification requirements as may be prescribed by the ~~Department of Public Health (DPH)~~ DPH.

==04/98 2. Exceptional medical care is defined as the level of care with extraordinary costs related to services which may include nurse, ancillary specialist services, and medical equipment and/or supplies that have been determined to be a medical necessity. This may apply to Medicaid clients who currently are residing in SNF/Peds, Medicaid patients who are being discharged from the hospital or other setting where Medicaid reimbursement is at a rate higher than the exceptional care rate for related services, or persons who are in need of exceptional care services and who would otherwise be in an alternative setting at a higher cost to ~~the Department~~ DHS/ODD. This includes but is not limited to complex respiratory persons, ventilator dependent persons or persons with high medical needs for whom the SNF/Ped provides a cost-effective living arrangement. High medical needs is defined as licensed staffing costs 50% above the level III medical add-on licensed staffing reimbursement rate.

==04/98 3. ~~DMHDD~~ DHS/ODD shall recommend rates to ~~the Department of Public Aid (DPA)~~ DPA for their approval. ~~DMHDD~~ DHS/ODD will calculate the rates for exceptional care service categories by using data collected from exceptional care providers.

12/95 4. Exceptional Care Requirements

==04/98 a. ~~DMHDD~~ DHS/ODD will reimburse for exceptional care services only if the provider agrees to the following conditions:

i. The provider will maintain separate records regarding costs related to the care of the exceptional care residents.

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ii. The provider must meet all conditions of participation in accordance with 42 CFR Subpart I, Conditions of Participation for Intermediate Care Facilities for the Mentally Retarded. If the provider is not in compliance with a condition of participation and it is under appeal, ~~DMHDD~~ DHS/ODD will delay action on the provider's application to participate in the exceptional care program pending the outcome of the hearing.

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b. The provider must demonstrate the capacity and capability to provide exceptional care as documented by DPH and ~~DMHDD~~ DHS/ODD records, including, but not limited to, being free of Type A violations and/or conditional license brought upon by violations relating to health care services. If the Type A violation and/or conditional license is under appeal, ~~DMHDD~~ DHS/ODD will delay action on the provider's application to participate in the exceptional care program pending the outcome of the hearing.

c. The provider must maintain and provide documentation demonstrating:

i. Adherence to staffing requirements as set out in this part;

ii. Adherence to staff training requirements as set out in this part;

iii. Written agreements as required in this part;

iv. Presence of emergency policy and procedures as set out in this part;

v. Medical condition of the resident; and

vi. Care, treatments and services provided to the resident.

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d. When residents are mechanically supported, the provider must have and maintain physical plan adaptations to accommodate the necessary equipment, i.e., emergency electrical backup system. The provider shall maintain records demonstrating the facility's maintenance of emergency equipment. Staff must be familiar with the location and operation of the emergency equipment and related procedures. To assure that staff are familiar with operating the emergency equipment, facilities must provide quarterly in-services for all staff caring for residents, including various entities affected i.e., housekeeping/infection control.

12/95 5. Exceptional Care Staffing Requirements

==04/98 ~~a. Staffing requirements for facilities providing exceptional care include:~~

==04/98 a. There shall be at least one registered nurse 24 hours a day seven days per week in the facility. Based on ~~the Department's~~ DHS/ODD's review of the exceptional care services needs, additional RN staff may be determined necessary by ~~DMHDD~~ DHS/ODD to implement the medical care plan and meet the needs of the individual.

b. There shall be at least one registered nurse or licensed practical nurse on duty at all times and on each floor housing residents (as required by DPH).

c. For those facilities providing complex respiratory or ventilator services under exceptional care, there shall be a certified respiratory therapy technician or registered respiratory therapist, on staff or on contract with the facility.

12/95 6. Training Requirements for Facilities Providing Exceptional Care for Persons with Tracheostomies and Ventilator Dependent Residents

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a. At least one of the full-time professional nursing staff members has successfully completed a course in the care of ventilator dependent individuals and the use of ventilators, conducted and documented by a certified respiratory therapy technician or registered respiratory therapist or a qualified registered nurse who has at least one year experience in the care of ventilator dependent persons, and

b. All staff caring for ventilator dependent residents have documented in-service training in ventilator care prior to providing such care. In-service training must be conducted at least annually by a certified respiratory therapy technician, a registered respiratory therapist or a qualified registered nurse who has at least one year experience in the care of ventilator dependent persons. In-service training documentation shall include name and qualifications of the in-service director, duration of presentation, content of presentation and signature and position description of all participants.

c. All staff caring for persons with tracheostomies must have documented in-service training in tracheostomy care, other related medically complex procedures and infection control/universal precautions. The in-services should address all extraordinary situations and/or aspects of care.

12/95 7. **Exceptional Care Agreement Requirements**

The provider must have a valid written agreement:

a. A medical equipment and supply provider which must include a service contract for ventilator equipment when accepting ventilator dependent residents. Supplies include oxygen, oxygen concentrator, tracheostomy supplies and any other items needed for the services to be delivered;

b. A local emergency transportation provider;

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c. A hospital capable of providing the necessary care for equipment dependent residents, when appropriate; and

d. A certified respiratory therapy technician or registered respiratory therapist, (unless a respiratory therapist is on staff within the facility) when accepting ventilator dependent residents or residents requiring respiratory therapy services.

12/95 8. Exceptional Care Emergency Policy and Procedures Requirements

The provider must have specific written policies and procedures addressing emergency needs for residents requiring exceptional care.

12/95 9. Accessibility to Records

==04/98 The provider must make accessible to ~~DMHDD~~ DHS/ODD, DPA and/or DPH all facility, resident and other records necessary to determine the appropriateness of exceptional care services.

12/95 10. Provider Approval and Voluntary Termination Process

==04/98 a. A provider should notify ~~DMHDD~~ DHS/ODD, in writing, of its interest in participating in the Exceptional Care Program.

==04/98 b. ~~DMHDD~~ DHS/ODD shall conduct a review of the facility to assure that the facility meets all the exceptional care requirements contained in this section.

==04/98 c. ~~DMHDD~~ DHS/ODD shall notify the provider in writing of its approval for exceptional care services.

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==04/98 d. Providers desiring to discontinue providing exceptional care shall notify ~~DMHDD~~ DHS/ODD, in writing, at least 60 days prior to the date of termination. Payment for exceptional care residents already residing in facilities which notify ~~DMHDD~~ DHS/ODD that they wish to discontinue providing exceptional care services will be reduced to the facility's standard Medicaid per diem rate. ~~DMHDD~~ DHS/ODD will review each approved exceptional care client to determine whether he/she may remain in the facility. For the duration of the time that exceptional care clients remain in the facility, the provider must continue to meet the needs of the individual. Should a transfer to another facility be necessary, the provider must contact the responsible case coordinating agency which will assist in locating another provider.

==04/98 e. It is the responsibility of a SNF/Ped provider to effect appropriate discharge planning for exceptional care residents when terminating services for exceptional care. ~~DMHDD~~ DHS/ODD agrees to assist providers with any information available regarding appropriate placement settings.

12/95 11. Rate Methodology

==04/98 a. A person currently residing in a SNF/Ped, or a person being discharged from a hospital or those who are in another setting must be approved by an authorized ~~DMHDD~~ DHS/ODD representative to be eligible for exceptional care payment.

==04/98 b. Eligible items which may be used in computing the cost of the person's care include nursing services costs, therapy services costs, and medical equipment and supply costs. Computations for determining cost of care shall be based upon reasonable costs for services, medical equipment and supplies for the facility as determined by ~~DMHDD~~ DHS/ODD.

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==04/98 c. The provider must submit a request for exceptional care to ~~DMHDD~~ DHS/ODD An authorized ~~DMHDD~~ DHS/ODD representative will conduct a medical review of the required care and related costs of equipment and supplies. ~~DMHDD~~ DHS/ODD will compute the exceptional care rate as the licensed staff cost in excess of the licensed staff cost of the standard rate methodology of the medical level 3 add-on plus a related cost factor of 15% for equipment and supplies. The exceptional care rate is the licensed staff time cost in excess of the standard rate methodology at the medical level III amount once a threshold of 150% of the standard rate methodology at the medical level III is met. ~~Department of Mental Health and Developmental Disabilities~~ DHS/ODD clinical staff assess the medical care plan of each applicant resident to determine the amount of licensed minutes of care needed. The exceptional care staff time, in minutes, which is in excess of the standard rate methodology at the medical level III is then multiplied by the geographic area licensed wage factor to obtain the exceptional care staff time rate amount. To this exceptional care staff time rate amount is added a related cost factor of 15% as specified ~~on Attachment 4.19-D, page 11f~~ in subsection III.C.4.b.ii.(D)(1). ~~DMHDD~~ DHS/ODD will notify the provider of the rate to be paid for the exceptional care services provided.

12. Monitoring

==04/98 a. ~~DMHDD~~ DHS/ODD shall provide for a program of delegated utilization review and quality assurance.

==04/98 b. ~~DMHDD~~ DHS/ODD shall review exceptional care residents' utilization of services at a minimum of every 90 days. A review may be waived by ~~DMHDD~~ DHS/ODD staff if one or more previous assessments show that a resident's condition has stabilized. However, two consecutive reviews shall not be waived. ~~DMHDD~~ DHS/ODD exceptional care staff will maintain contact with the SNF/Ped regarding the resident's condition during the time period any assessment is waived.

==04/98 c. In the event that it is determined that the resident is no longer in need of or receiving exceptional care services, ~~DMHDD~~ DHS/ODD shall discontinue the exceptional care payment rate for the resident and reduce the rate of payment to the provider to the facility's standard Medicaid per diem rate, effective the later of either the date of the review or the determination by ~~DMHDD~~ DHS/ODD. Notice of this action shall be sent to the provider within 30 days.

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d. Providers shall be reviewed annually to determine whether they do/do not continue to meet all the criteria to participate in the exceptional care program. If the annual review indicates the facility does not meet the exceptional care criteria or the resident is no longer in need of or receiving exceptional care services, ~~the Department~~ DHS/ODD shall terminate the agreement. Should ~~the Department~~ DHS/ODD terminate the agreement, the exceptional care rate will be reduced to the facility's standard Medicaid per diem rate. Termination of the agreement shall be effective 30 days after the date of the notice. ~~DMHDD~~ DHS/ODD will review each formerly approved exceptional care client to determine whether he/she may remain in the facility. For the duration of the time that formerly approved exceptional care clients remain in the facility, the provider must meet the needs of the individual. Should a transfer to another facility be necessary, the provider must contact the responsible case coordinating agency which will assist in locating another provider.

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G. Reimbursement and Approval Criteria for Developmental Training

1. Cost Reports - Filing Requirements

==04/98 Developmental Training Programs shall file cost reports annually with ~~the Department of Public Aid (DPA)~~ DPA in accordance with the following requirements:

==04/98 a. All schedules contained in the cost reports must be completed with the exception of those schedules specified in the cost report instructions as optional. Substitution of cost report schedules with provider records or other documents may not be made without written prior approval from ~~the Department~~ DPA. Approval will be granted if the provider's documents contain the same information as the cost report schedule and the provider is not and does not anticipate serving Public Aid clients.

==04/98 b. The cost report is not complete until all required schedules are filed and all inquiries to the provider are satisfactorily resolved. A provider will be notified by ~~the Department~~ DPA in writing when the cost report is complete.

c. If the cost report is prepared by other than the provider's administrator or officer, the certification must be signed by the preparer as well as the officer or administrator. The preparer's declaration is based upon all information of which the preparer has knowledge.

d. All financial data contained in the cost report must be accounted for on the accrual basis of accounting, except that governmental institutions operating on a cash method of accounting may submit data based on such a method.